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| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself | | | | |
|-----|--|--|---|--|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
| 1. | Your full name | | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Ieischa First name D Middle name Thomas Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) | | |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | | | | |
| | | | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-4478 | | | |

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Case number (if known)

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 7141 S Yates Blvd, Apt 12-1 Chicago, IL 60649 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Cook County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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Case number (if known) Debtor 1 leischa D Thomas

| ar | Tell the Court About | Your Bar | nkruptcy Ca | se | | | | | |
|------------|--|---|--|--|----------------------|-------------------|----------------------------|--|--|
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | | |
| | choosing to file under | Chapter 7 | | | | | | | |
| | | ☐ Cha | pter 11 | | | | | | |
| | | ☐ Cha | pter 12 | | | | | | |
| | | ☐ Cha | ☐ Chapter 13 | | | | | | |
| | | | | | | | | | |
| 3. | How you will pay the fee | _ o | I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. | | | | | | |
| | | | | the fee in installne in Installments (O | | this option, sig | n and attach the Applica | ation for Individuals to Pay | |
| | | | request tha | t my fee be waived | (You may request | | | oter 7. By law, a judge may, | |
| | | а | pplies to you | ur family size and yo | ou are unable to pay | the fee in insta | Illments). If you choose t | of the official poverty line that this option, you must fill out | |
| | | th | ne <i>Applicatic</i> | on to Have the Chap | oter 7 Filing Fee Wa | ived (Official Fo | rm 103B) and file it with | your petition. | |
|) . | Have you filed for bankruptcy within the last 8 years? | □ No. ■ Yes. | | | | | | | |
| | | _ 100. | District | ilnbke | When | 12/05/16 | Case number | 16-38374 | |
| | | | District | millione | When | 12/00/10 | Case number | 10 0007 1 | |
| | | | District | | When | | Case number | | |
| | | | | | | | | | |
| 10. | Are any bankruptcy | ■ No | | | | | | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | | |
| | | | Debtor | | | | Relationship to y | ou . | |
| | | | District | | When | | Case number, if | known | |
| | | | Debtor | | | | Relationship to y | ou | |
| | | | District | | When | | Case number, if | known | |
| 11. | Do you rent your residence? | ■ No. | Go to li | ine 12. | | | | | |
| | | ☐ Yes. | Has yo | ur landlord obtained | d an eviction judgme | ent against you a | and do you want to stay | in your residence? | |
| | | | | No. Go to line 12. | | | | | |
| | | | | Yes. Fill out <i>Initial</i> bankruptcy petition | | Eviction Judgm | nent Against You (Form | 101A) and file it with this | |
| | | | | | | | | | |

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Case number (if known) Debtor 1 leischa D Thomas

| art | 3: Report About Any Bu | sinesses | You Owr | n as a Sole Propriet | tor | | |
|-----|---|------------------------|--|--|---|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | |
| | | ☐ Yes. | Name | e and location of bus | siness | | |
| | A sole proprietorship is a | | | | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | oer, Street, City, Stat | te & ZIP Code | | |
| | it to this petition. | | Chec | ox to describe your business: | | | |
| | | | | Health Care Busin | ness (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | Stockbroker (as de | lefined in 11 U.S.C. § 101(53A)) | | |
| | | | | Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) | | |
| | | | | None of the above | е | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines operation | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it codeadlines. If you indicate that you are a small business debtor, you must attach your most recent balance supperations, cash-flow statement, and federal income tax return or if any of these documents do not exist, for n 11 U.S.C. 1116(1)(B). | | | | |
| | For a definition of small | No. | ı am ı | not filing under Chap | oter 11. | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. | | | |
| | | ☐ Yes. | I am f | filing under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | |
| art | 4: Report if You Own or | Have Any | / Hazardo | ous Property or An | y Property That Needs Immediate Attention | | |
| 14. | Do you own or have any | ■ No. | | | | | |
| | property that poses or is alleged to pose a threat of imminent and | ☐ Yes. | What is | the hazard? | | | |
| | identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? | | | diate attention is why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? | Number, Street, City, State & Zip Code | | |
| | | | | | Number, Street, City, State & Zip Code | | |

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Debtor 1 leischa D Thomas Document Page 5 of 47 Case number (if known)

Part 5: Expl

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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|----------|------------------|----------|--------------|------------------------|--|
| Debtor 1 | leischa D Thomas | | | Case number (if known) | |

| Par | 6: Answer These Questi | ons for R | eporting Purposes | | | | | | |
|------|--|--|---|--|----------------------------------|--|--|--|--|
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily consur individual primarily for a personal, | | | in 11 U.S.C. § 101(8) as "incurred by an | | | |
| | | | ☐ No. Go to line 16b. | | | | | | |
| | | | Yes. Go to line 17. | | | | | | |
| | | 16b. | Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | | |
| | | | ☐ No. Go to line 16c. | | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | | |
| | | 16c. | State the type of debts you owe th | nat are not consume | er debts or business de | bts | | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7. Go to line 18. | | | | | | |
| | Do you estimate that after any exempt property is excluded and administrative expenses | ■ Yes. | are paid that funds will be availabl | am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expense paid that funds will be available to distribute to unsecured creditors? | | | | | |
| | are paid that funds will | | ■ No | | | | | | |
| | be available for distribution to unsecured creditors? | | ☐ Yes | | | | | | |
| 18. | How many Creditors do | 1 -49 | | 1 ,000-5,000 | | ☐ 25,001-50,000 | | | |
| | you estimate that you owe? | □ 50-99 | | 5001-10,000 | | 50,001-100,000 | | | |
| | | ☐ 100-1 ☐ 200-9 | | □ 10,001-25,000 | 0 | ☐ More than100,000 | | | |
| 19. | How much do you | \$ 0 - \$ | 50,000 | □ \$1,000,001 - S | \$10 million | □ \$500,000,001 - \$1 billion | | | |
| | estimate your assets to be worth? | | 01 - \$100,000 | \$10,000,001 - | | □ \$1,000,000,001 - \$10 billion | | | |
| | | | 001 - \$500,000 001 - \$1 million | □ \$50,000,001 - □ \$100,000,001 | | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | |
| 20. | How much do you | □ \$0 - \$ | 50,000 | □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion | | | | | |
| | estimate your liabilities to be? | | 001 - \$100,000 | \$10,000,001 - | □ \$1,000,000,001 - \$10 billion | | | | |
| | | | 001 - \$500,000 001 - \$1 million | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | |
| Part | : 7: Sign Below | | | | | | | | |
| For | you | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. | | | | | | | |
| | | | chosen to file under Chapter 7, I am tates Code. I understand the relief a | | | er Chapter 7, 11,12, or 13 of title 11, e to proceed under Chapter 7. | | | |
| | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | | | | |
| | | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | | | |
| | | bankrupto and 3571 | derstand making a false statement, concealing property, or obtaining money or property by fraud in connection with a kruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, 3571. | | | | | | |
| | | leischa | ha D Thomas D Thomas e of Debtor 1 | | Signature of Debtor 2 | | | | |
| | | Executed | on August 15, 2017 | ! | Executed on | | | | |
| | | MM / DD / YYYY | | | | | | | |

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Debtor 1 leischa D Thomas Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Thomas G. Stahulak Signature of Attorney for Debtor | Date | August 15, 2017 MM / DD / YYYY | | | | |
|---|---------------|-----------------------------------|--|--|--|--|
| Thomas G. Stahulak Printed name | | | | | | |
| Stahulak & Associates, L.L.C. / GetFiled | | | | | | |
| 53 W. Jackson Blvd., Suite 652 Chicago, IL 60604 Number, Street, City, State & ZIP Code | | | | | | |
| Contact phone (312) 662-1480 | Email address | ecf@stahulakandassociates.com | | | | |
| 6288620 Bar number & State | | | | | | |

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| | | Docum | ent Page 8 of 47 | |
|--------------------|--------------------------|-------------------|------------------|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | leischa D Thomas | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| if known) | | | | ☐ Check if this is an amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets Your assets Value of what you own Schedule A/B: Property (Official Form 106A/B) 0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... 1b. Copy line 62, Total personal property, from Schedule A/B..... 8.826.00 1c. Copy line 63, Total of all property on Schedule A/B..... 8,826.00 Part 2: Summarize Your Liabilities Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 8.659.20 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 2,300.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... 65,065.66 Your total liabilities \$ 76.024.86 Part 3: Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I) 3,114.93 Copy your combined monthly income from line 12 of Schedule I..... Schedule J: Your Expenses (Official Form 106J) 3,423.00 Copy your monthly expenses from line 22c of Schedule J..... Part 4: Answer These Questions for Administrative and Statistical Records Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes What kind of debt do you have?

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

3,705.52 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Tot | al claim |
|--|------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$. | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 2,300.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 49,709.11 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 52,009.11 |

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|---|--|--|--|---|---|
| n this infor | mation to identify your | case and this filing: | | | |
| or 1 | leischa D Thomas | 1 | | | |
| 01 1 | First Name | Middle Name | Last Name | | |
| or 2 | | | | | |
| se, if filing) | First Name | Middle Name | Last Name | | |
| ed States Ba | nkruptcy Court for the: | NORTHERN DISTRICT OF IL | LINOIS | | |
| | | | | | |
| number _ | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | |
| icial Fo | rm 106A/B | | | | |
| | | | | | |
| <u>neaui</u> | e A/B: Prop | perty | | | 12/15 |
| t fits best. Enation. If more | le as complete and accura e space is needed, attach stion. | ne items. List an asset only once. ate as possible. If two married peo a a separate sheet to this form. On | ple are filing together, both a the top of any additional pag | re equally responsible for | r supplying correct |
| Describe | Each Residence, Building | g, Land, or Other Real Estate You | Own or Have an Interest In | | |
| you own or l | nave any legal or equitabl | e interest in any residence, buildir | ng, land, or similar property? | | |
| | | | | | |
| No. Go to Pai | t 2. | | | | |
| Yes. Where i | s the property? | | | | |
| 2: Describe | Your Vehicles | | | | |
| Describe | Tour vernicles | | | | |
| n rs, vans, tr No Yes | ucks, tractors, sport u | tility vehicles, motorcycles | | | |
| Make: | Buick | Who has an interest in | the property? Check one | | d claims or exemptions. Put |
| Model: | Lucerne | ■ Debtor 1 only | | | cured claims on Schedule D: Claims Secured by Property. |
| Year: | 2008 | Debtor 2 only | | Current value of the | |
| Approximat | e mileage: 100 | ,000 Debtor 1 and Debtor | 2 only | entire property? | portion you own? |
| Other inforr | mation: | ☐ At least one of the de | ebtors and another | | |
| Debtor to | Surrender. | Check if this is com | nmunity property | \$7,725.00 | 97,725.00 |
| amples: Boa No Yes dd the dolla ages you ha | ar value of the portion ave attached for Part 2 | ATVs and other recreational versional versional versional watercraft, fishing vessels, you own for all of your entries. Write that number here | snowmobiles, motorcycle a | y entries for | \$7,725.00 Current value of the portion you own? Do not deduct secured |
| ou own or | nave any legal or equit | а | ble interest in any of the follo | ble interest in any of the following items? | ble interest in any of the following items? |

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

| | Case 17-24369 | Doc 1 | Filed 08/15/17 | Entered 08/15/17 12:26 | :07 Desc Main |
|---|---|---------------------|--------------------------|---|---|
| Debtor 1 | leischa D Thomas | | Document | Page 11 of 47 Case number (if I | known) |
| ■ Yes. | Describe | | | | |
| | Used pe | ersonal hous | sehold furniture and g | goods/items | \$400.00 |
| ■ No | | | | oment; computers, printers, scanners; n | nusic collections; electronic devices |
| 8. Collecti Examp | ibles of value | | | oks, pictures, or other art objects; stamp | o, coin, or baseball card collections; |
| 9. Equipm Example No | ent for sports and hobbie | | other hobby equipment; | bicycles, pool tables, golf clubs, skis; ca | anoes and kayaks; carpentry tools; |
| ■ No | ms ples: Pistols, rifles, shotguns Describe | s, ammunitior | ı, and related equipmen | t | |
| □ No | es ples: Everyday clothes, furs, Describe | , leather coat | s, designer wear, shoes | , accessories | |
| | Used pe | ersonal cloth | ning and accessories | | \$500.00 |
| ■ No □ Yes. 13. Non-fa Exam ■ No □ Yes. 14. Any ot | ples: Everyday jewelry, cost Describe arm animals ples: Dogs, cats, birds, hors Describe | es old items you | | ding rings, heirloom jewelry, watches, g | |
| | the dollar value of all of yo art 3. Write that number he | | | ny entries for pages you have attach | ed \$900.00 |
| | escribe Your Financial Assets | | | | |
| Do you ov | wn or have any legal or eq | uitable inter | est in any of the follow | ring? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No | ples: Money you have in you | | | osit box, and on hand when you file you | r petition |
| Official For | m 106A/B | | Schedule A/B: F | Property | page 2 |

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Case number (if known) Document Debtor 1 Ieischa D Thomas Cash on hand \$100.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... Bank of America \$100.00 17.1. Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: 401(k) through employer - NO CASH SURRENDER \$1.00 **VALUE** 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

☐ Yes. Give specific information about them...

☐ Yes. Give specific information about them...

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|------------------|--|---|-----------------|----------------------------|---|---|
| Debto | r 1 | Ieischa D Thomas | | Doddinent | Page 13 of 47 Case number (if known) | |
| <i>E.</i> ■ 1 | xampi No | es, franchises, and other les: Building permits, exclu Give specific information a | sive licenses | | n holdings, liquor licenses, professional licens | es |
| Mone | v or p | roperty owed to you? | | | | Current value of the |
| | , | | | | | portion you own? Do not deduct secured claims or exemptions. |
| | No | unds owed to you Give specific information al | pout them, inc | cluding whether you alre | ady filed the returns and the tax years | |
| <i>E</i> : ■ | xampi No | support les: Past due or lump sum Sive specific information | | usal support, child suppo | ort, maintenance, divorce settlement, property | settlement |
| <i>E</i> : | xampi No | mounts someone owes y les: Unpaid wages, disabili benefits; unpaid loans Give specific information | ty insurance | | efits, sick pay, vacation pay, workers' compe | nsation, Social Security |
| <i>E:</i> ■ 1 | 81. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No □ Yes. Name the insurance company of each policy and list its value. | | | | | |
| _ | 100.1 | | pany name: | oney and not no vario. | Beneficiary: | Surrender or refund value: |
| lf so ■ l | you a omeor No | erest in property that is one the beneficiary of a living the has died. Give specific information | | | ed surance policy, or are currently entitled to rece | eive property because |
| <i>E</i> : | 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No □ Yes. Describe each claim | | | | | |
| = 1 | 84. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No □ Yes. Describe each claim | | | | | |
| 35. A r | - | ancial assets you did not | already list | | | |
| | | Give specific information | | | | |
| | | | | | ny entries for pages you have attached | \$201.00 |
| Part 5: | Des | cribe Any Business-Related | Property You | Own or Have an Interest | In. List any real estate in Part 1. | |
| ■ N | lo. Go | wn or have any legal or equito Part 6. | itable interest | in any business-related p | roperty? | |
| ЦY | es. Go | o to line 38. | | | | |

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Case number (if known) Document Debtor 1 leischa D Thomas Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$7,725.00 57. Part 3: Total personal and household items, line 15 \$900.00 Part 4: Total financial assets, line 36 \$201.00

\$0.00

\$0.00

\$0.00

Copy personal property total

\$8,826.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

Part 6: Total farm- and fishing-related property, line 52

Part 5: Total business-related property, line 45

Part 7: Total other property not listed, line 54

Total personal property. Add lines 56 through 61...

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\$8,826.00

\$8,826.00

Desc Main

Official Form 106A/B Schedule A/B: Property page 5 Case 17-24369 Doc 1 Filed 08/15/17 Entered 08/15/17 12:26:07 Desc Main

| | | | III FAUE 1.3 UL 47 | |
|---|-------------------------|-------------------|--------------------|------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | leischa D Thomas | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number _ | | | | Charle if this is an |
| (II KIIOWII) | | | | Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|--|--------------------------------------|-----|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| Used personal household furniture and goods/items | \$400.00 | | \$400.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Used personal clothing and accessories Line from Schedule A/B: 11.1 | \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(a) |
| Ellie Holli Gonedale A/E. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Cash on hand Line from Schedule A/B: 16.1 | \$100.00 | | \$100.00 | 735 ILCS 5/12-1001(b) |
| 2.10 1.011 007.000.7 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking: Bank of America Line from Schedule A/B: 17.1 | \$100.00 | | \$100.00 | 735 ILCS 5/12-1001(b) |
| Ellio Horri Goriedale 70 B. 1111 | | | 100% of fair market value, up to any applicable statutory limit | |
| 401(k): through employer - NO CASH SURRENDER VALUE | \$1.00 | | \$1.00 | 735 ILCS 5/12-1006 |
| Line from Schedule A/B: 21.1 | | | 100% of fair market value, up to any applicable statutory limit | |

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Debtor 1 leischa D Thomas

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Yes

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|------------------------------------|--------------------------------|----------------------|--|------------------|--|--------------------------------------|-----------------------|-----------------------------|--------|
| Fill in this information | on to identify you | ur case: | 12(7(.1)111(.1)1 | 1 7111. | 7 (11 47 | | | | |
| | | | | | | | | | |
| | eischa D Thoma irst Name | | ddle Name | Last Name | | | | | |
| Debtor 2 (Spouse if, filing) F | irst Name | Mic | ddle Name | Last Name | | | | | |
| United States Bankru | ntov Court for the | · NORTH | HERN DISTRICT OF ILL | NOIS | | | | | |
| Officed States Darikitu | picy Court for the | . 100011 | ILINI DIOTINOT OF ILL | LIIVOIO | | | | | |
| Case number | | | | | | | | | |
| (if known) | | | | | | ☐ Check if this is an amended filing | | | |
| | | | | | | | amend | ied illing | |
| Official Form 1 | 06D | | | | | | | | |
| Schedule D: | Creditors | Who I | Have Claims | Secure | d by Property | v | | | 12/15 |
| Be as complete and acc | urate as possible. | If two marrie | d people are filing togeth the entries, and attach it | ner, both are e | qually responsible for su | pplying co | | | |
| . Do any creditors have | e claims secured b | y your prope | rty? | | | | | | |
| □ No. Check this | box and submit | his form to t | he court with your other | r schedules. Y | ou have nothing else to | report or | n this form. | | |
| Yes. Fill in all of | of the information | below. | | | | | | | |
| Part 1: List All Se | cured Claims | | | | | | | | |
| | | more than one | e secured claim, list the cre | editor senaratel | Column A | Column E | В | Column | 1 C |
| for each claim. If more t | han one creditor ha | s a particular o | claim, list the other creditor ording to the creditor's name | s in Part 2. As | Amount of claim Do not deduct the value of collateral. | | collateral ports this | Unsecu portion If any | |
| 2.1 Credit Accepta | ance | Describe tl | he property that secures | the claim: | \$8,659.20 | | \$7,725.00 | папу | \$0.00 |
| Creditor's Name | | 1 | ck Lucerne 100,000 Surrender. | miles | | | | | |
| 25505 West 1 | 2 Mile Rd | As of the d | late you file, the claim is: | Chock all that | | | | | |
| Suite 3000 | 40004 | apply. | • | Check all that | | | | | |
| Southfield, MI | | ☐ Conting | | | | | | | |
| Number, Street, City, | State & Zip Code | Unliquid | | | | | | | |
| Who owes the debt? | Check one. | ☐ Dispute Nature of | d lien. Check all that apply. | | | | | | |
| Debtor 1 only | | ☐ An agre | ement you made (such as | mortgage or se | cured | | | | |
| Debtor 2 only | | car loa | n) | | | | | | |
| ☐ Debtor 1 and Debtor | 2 only | ☐ Statutor | y lien (such as tax lien, me | chanic's lien) | | | | | |
| ☐ At least one of the de | ebtors and another | ☐ Judgme | nt lien from a lawsuit | , | | | | | |
| Check if this claim community debt | | _ | ncluding a right to offset) | Purchase N | Money Security | | | | |
| Data daht was incurred | Opened 12/14 Last Active | l ac | t 4 digits of account num | sher 9489 | | | | | |

Add the dollar value of your entries in Column A on this page. Write that number here: \$8,659.20

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$8,659.20

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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Document Page 18 of 47 Fill in this information to identify your case: Debtor 1 leischa D Thomas First Name Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? ☐ No. Go to Part 2. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) **Total claim Priority** Nonpriority amount 2.1 Internal Revenue Service \$2,300.00 \$2,300.00 \$0.00 Last 4 digits of account number Priority Creditor's Name PO BOX 7317 When was the debt incurred? Philadelphia, PA 19101 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Domestic support obligations ☐ At least one of the debtors and another Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt ☐ Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ■ No Other. Specify ☐ Yes taxes - NOTICE ONLY Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? \square No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority

Total claim

Part 2.

unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of

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Case number (if know)

| DCDIO | leischa D Hiomas | | Case Harriber (II know) | | | |
|-------|--|--|---|------------|--|--|
| 4.1 | Cda/Pontiac | Last 4 digits of account number | 2072 | \$315.00 | | |
| | Nonpriority Creditor's Name Attn:Bankruptcy Po Box 213 | When was the debt incurred? | Opened 05/14 | | | |
| | Streator, IL 61364 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa | aration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | □Yes | Collection A Services Collection A Services | ttorney Foundation Emergency | | | |
| 4.2 | Chase Card Nonpriority Creditor's Name | Last 4 digits of account number | 8587 | \$973.00 | | |
| | Attn: Correspondence Po Box 15298 | When was the debt incurred? | Opened 08/07 Last Active 11/02/16 | | | |
| | Wilmington, DE 19850 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other. Specify Credit Card | | | | |
| 4.3 | Chicago Property Group Nonpriority Creditor's Name | Last 4 digits of account number | 0150 | \$4,141.00 | | |
| | 517 N Racine Ave #1 Chicago, IL 60642 | When was the debt incurred? | 7/19/16 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | □Yes | ■ Other. Specify eviction | | | | |

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Case number (if know)

| DCDIO | leischa D Hiomas | Odoc Humber (II know) | |
|-------|--|---|------------|
| 4.4 | City of Chicago | Last 4 digits of account number | \$2,689.90 |
| | Nonpriority Creditor's Name Department of Revenue PO BOX 88292 | When was the debt incurred? | |
| | Chicago, IL 60680 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify tickets - NOTICE ONLY | |
| 4.5 | Commonwealth Edison | Last 4 digits of account number | \$250.00 |
| | Nonpriority Creditor's Name 1919 SWIFT DR | When was the debt incurred? | |
| | CLAIMS & COLLECTIONS | Then was the dest mounted. | |
| | Oak Brook, IL 60523 | _ | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | |
| | Debtor 1 only | Contingent | |
| | Debtor 2 only | Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.6 | Commonwealth Financial Systems | Last 4 digits of account number 05N1 | \$1,621.00 |
| | Nonpriority Creditor's Name | | ψ1,021.00 |
| | 245 Main St | When was the debt incurred? | |
| | Dickson City, PA 18519 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | 76 of the date you me, the claim is. Officer all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | ■ Other. Specify Windy City Emergency Physician | |

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| Debic | ieischa D i nomas | | Case number (if know) | |
|-------|---|--|---|-------------|
| 4.7 | Directv | Last 4 digits of account number | \$491.23 | |
| | Nonpriority Creditor's Name PO BOX 9001069 Louisville, KY 40290 | When was the debt incurred? | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify _service | | |
| 4.8 | Fed Loan Servicing | Last 4 digits of account number | 0002 | \$49,709.11 |
| | Nonpriority Creditor's Name | _ | | <u> </u> |
| | Po Box 69184 Harrisburg, PA 17106 | When was the debt incurred? | Opened 03/16 Last Active 10/31/16 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | |
| | No | Debts to pension or profit-sharing | | |
| | ☐ Yes | ☐ Other. Specify | | |
| | | Educational | - NOTICE ONLY | |
| 4.9 | Illinois tollway | Last 4 digits of account number | | \$216.00 |
| | Nonpriority Creditor's Name Attn: Legal Dept 2700 Ogden Ave | When was the debt incurred? | | |
| | Downers Grove, IL 60515 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | Пол | | |
| | | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| | ☐ At least one of the debtors and another ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | <u></u> | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | | |
| | ☐ Yes | Other. Specify tolls - NOTI | CE ONLY | |
| | | | | |

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| Debioi | leischa D Thomas | Case number (if know) | |
|----------|---|---|------------|
| 4.1 | People's Gas Light & Coke | Last 4 digits of account number | \$1,800.00 |
| | Nonpriority Creditor's Name 200 E Randolph St Ste 20 | When was the debt incurred? | |
| | Chicago, IL 60601 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.1 1 | PLS Financial Services (Corporate) | Last 4 digits of account number | \$559.42 |
| | Nonpriority Creditor's Name One South Wacker Drive, 36th Floor Chicago, IL 60606 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify loan | |
| 4.1 | Veterans Canteen Service | Last 4 digits of account number | \$2,300.00 |
| | Nonpriority Creditor's Name 251 Jefferson Barracks Dr Saint Louis, MO 63125 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | \square Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify charge | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

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| Debtor 1 leischa D Thomas | Document Page | 23 of 47 Case number (if know) |
|---|--|--|
| American InfoSource LP PO Box 5008 | Line <u>4.7</u> of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Carol Stream, IL 60197 | Last 4 digits of account number | |
| Name and Address Arnold Scott Harris P.C. 111 W Jackson Ste 600 | On which entry in Part 1 or Part 2 did Line $\underline{4.4}$ of (Check one): | d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Chicago, IL 60604 | Last 4 digits of account number | • • |
| Name and Address Creditors Bankruptcy Service PO Box 800849 Dallas, TX 75380 | On which entry in Part 1 or Part 2 did Line 4.11 of (<i>Check one</i>): Last 4 digits of account number | d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address DIRECTV 2230 E IMPERIAL HWY EI Segundo, CA 90245 | On which entry in Part 1 or Part 2 did Line 4.7 of (<i>Check one</i>): Last 4 digits of account number | d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Foundation for Emergency SVCS PO BOX 809616 Chicago, IL 60680 | On which entry in Part 1 or Part 2 did Line 4.1 of (<i>Check one</i>): Last 4 digits of account number | d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Secretary of State Compliance Dept 2701 S Dirksen Pkwy Springfield, IL 62723 | On which entry in Part 1 or Part 2 did Line 4.4 of (<i>Check one</i>): Last 4 digits of account number | d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Windy City Emerg Physicians P.O. Box 7209 Philadelphia, PA 19101 | On which entry in Part 1 or Part 2 did Line 4.6 of (<i>Check one</i>): Last 4 digits of account number | d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | | Total Claim |
|--------------|-----|--|-----|----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total | | | | | |
| claims | 01 | The second section of the second seco | 01 | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 2,300.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | _ | | _ | | |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 2,300.00 |
| | | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ | 49,709.11 |
| Total claims | | | | | , |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | | Other. Add all other nonpriority unsecured claims. Write that amount | 6i. | | 15,356.55 |
| | 6i. | | | S | 10,000.00 |
| | 61. | here. | | \$ | 15,356.55 |

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| | | 12(1) | 111 11111111111111111111111111111111111 | |
|---|-------------------------|-------------------|---|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | leischa D Thomas | Middle Name | Last Name | |
| Debtor 2 | First Name | Middle Name | Last Name | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| F | Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|-----|--|---|
| 2.1 | Lisa Thomas 7141 S Yates Blvd Chicago, IL 60649 | monthly apt lease |

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| | | Docume | ent Page 25 d | of 47 | |
|----------------|--|----------------------------|------------------------|------------------------|--|
| Fill in this | s information to identify you | r case: | | | |
| Dobtor 1 | Jaisaha D Thama | | | | |
| Debtor 1 | leischa D Thoma | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, fi | ling) First Name | Middle Name | Last Name | | |
| I Initad Ct | otoo Booksuntov Court for the | NORTHERN DISTRICT | OF ILLINOIS | | |
| United St | ates Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case num | nber | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |
| ~ · · | 15 40011 | | | | |
| Officia | al Form 106H | | | | |
| Sched | dule H: Your Cod | debtors | | | 12/15 |
| | | | | | |
| our name | and number the entries in the earthes in the earth ear | n). Answer every question | | | p of any Additional Pages, write |
| | , | , , , | · | | |
| ■ No | | | | | |
| ☐ Ye | S | | | | |
| Arizo | thin the last 8 years, have young, California, Idaho, Louisian. Go to line 3. S. Did your spouse, former spo | a, Nevada, New Mexico, Pu | erto Rico, Texas, Wash | | ty states and territories include) |
| in lin Form | e 2 again as a codebtor only | if that person is a guaran | tor or cosigner. Make | sure you have listed t | ng with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor | 710.0 | | | editor to whom you owe the debt |
| | Name, Number, Street, City, State and | ZIP GODE | | Check all schedul | es that apply: |
| 3.1 | | | | ☐ Schedule D, lir | 10 |
| 0.1 | Name | | | □ Schedule E/F, | |
| | | | | ☐ Schedule C, lir | |
| | | | | Scriedale O, III | <u> </u> |
| | Number Street | Ctata | ZID Codo | | |
| | City | State | ZIP Code | | |
| | | | | | |
| 3.2 | | | | Schedule D, lir | ne |
| | Name | | | ☐ Schedule E/F, | line |
| | | | | ☐ Schedule G, lir | ne |
| | Number Street | | | _ | |
| | City | State | ZIP Code | | |

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| Fill | in this information to identify your c | ase: | | | | • | | | | |
|-------------|---|----------------------------|---------------------------------|-------------|------|----------------|------------|-------------------------|----------------------------------|----------|
| Del | btor 1 leischa D Th | omas | | | _ | | | | | |
| | btor 2 buse, if filing) | | | | _ | | | | | |
| Uni | ited States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | | | | | | |
| | se number | | - | | | □ Ai | | d filing ent showing | g postpetition ollowing date: | |
| 0 | fficial Form 106I | | | | | \overline{M} | M / DD/ Y | YYY | | |
| S | chedule I: Your Inc | ome | | | | | | | | 12/1 |
| spo atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | ır spouse is not filing w | ith you, do not inclu | de infori | mati | on about | your spo | use. If mo | ore space is | needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | | Debtor 2 | or non-fil | ling spouse | |
| | If you have more than one job, attach a separate page with | Employment status | ■ Employed | | | | ☐ Emplo | • | | |
| | information about additional | ,, | ☐ Not employed | | | | ☐ Not er | mployed | | |
| | employers. | Occupation | cashier | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Department of V | eterans | Affa | airs | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 5000 5th Ave Hines, IL 60141 | | | | | | | |
| | | How long employed t | here? 2 yrs | | | | _ | | | |
| Pai | rt 2: Give Details About Mor | nthly Income | | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to r | eport for | any | line, write | \$0 in the | space. Inc | lude your no | n-filing |
| | ou or your non-filing spouse have more space, attach a separate sheet to | | ombine the informatio | n for all e | empl | oyers for t | that perso | n on the lir | nes below. If | you need |
| | | | | | | For Deb | itor 1 | | otor 2 or ng spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 3, | 355.52 | \$ | N/A | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | 4. | \$ | 3,35 | 55.52 | \$ | N/A | |

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| Deb | otor 1 | leischa D Thomas | | C | Case r | number (<i>if kr</i> | nown) | | | | |
|-----|-----------------------------|---|-----------------|----------------|------------|-----------------------|--------------|--------|----------------|----------------|------------------|
| | | | | | For | Debtor 1 | | non- | Debtor: | pouse | |
| | Cop | by line 4 here | 4. | | \$ | 3,355 | 5.52 | \$ | | N/A | <u>-</u> |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. 5b. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans | 5a 5b | | \$ | | 2.47 3.23 | \$ | | N/A N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 50 | | \$ | | 0.00 | \$ | | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 5d | i. | \$ | (| 0.00 | \$ | | N/A | _ |
| | 5e. | Insurance | 5e |) . | \$ | (| 0.00 | \$ | | N/A | - |
| | 5f. | Domestic support obligations | 5f. | | \$ | (| 0.00 | \$ | | N/A | |
| | 5g. | Union dues | 5 g | J. | \$ | (| 0.00 | \$ | | N/A | |
| | 5h. | Other deductions. Specify: Thrift Savings Plan | 5h | 1.+ | \$ | 90 |).22 | + \$ | | N/A | |
| | | Parking | | | \$ | 34 | 1.67 | \$ | | N/A | |
| 6. | Add | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ | 590 |).59 | \$ | | N/A | <u>-</u> |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 2,764 | 1.93 | \$ | | N/A | <u>.</u> |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a | 1 . | \$ | (| 0.00 | \$ | | N/A | |
| | 8b. | Interest and dividends | 8b | | <u>*</u> — | | 0.00 | \$ | | N/A | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | nt 8c | ; . | \$ | (| 0.00 | \$ | | N/A | = |
| | 8d. | Unemployment compensation | 80 | ı. | \$ | | 0.00 | \$ | | N/A | _ |
| | 8e. | Social Security | 8e |) . | \$ | (| 0.00 | \$ | | N/A | _ |
| | 8f. 8g. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: link Pension or retirement income | ce 8f. 8g | | \$ | | 0.00 | \$ | | N/A N/A | _ |
| | 8h. | Other monthly income. Specify: | 8h | 1.+ | \$ | | | + \$ | | N/A | _ |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | S | 350 | 0.00 | \$ | | N/A | A |
| 10 | Cald | culate monthly income. Add line 7 + line 9. | 10. | \$ | - | 3,114.93 | . • | | N/A | = \$ | 3,114.93 |
| 10. | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | Ψ_ | | 5,114.93 | Τ Ψ- | | IN/A | | 3,114.93 |
| 11. | Stat Inclu othe Do | te all other regular contributions to the expenses that you list in <i>Schedu</i> ude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are no cify: | ur depe | | , | • | | • | chedule 11. | | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certilies | | | | | | | 12. | \$ | 3,114.93 |
| 13. | Do | you expect an increase or decrease within the year after you file this for | m? | | | | | | | Combi month | ned ly income |
| | | No. Yes. Explain: | | | | | | | | | |

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| E | in this informa | tion to identify yo | ur coco: | | | 1 | | | | |
|--------|-------------------------------|--|---------------|--|--|-------------|---------|----------------------------------|-------------------------------|----|
| FIII | in this iniorna | tion to identity yo | ur case. | | | | | | | |
| Deb | tor 1 | leischa D Tho | mas | | | | | this is: | | |
| Deb | tor 2 | | | | | | | amended filing upplement shov | ving postpetition chapte | r |
| (Spo | ouse, if filing) | | | | | _ | | | the following date: | |
| Unit | ed States Bankr | ruptcy Court for the: | NORTH | IERN DISTRICT OF ILLIN | NOIS | | MM | I / DD / YYYY | | |
| Cas | e number | | | | | | | | | |
| (If kı | nown) | | | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | | | |
| So | chedule | J: Your I | Exper | ises | | | | | 12 | /1 |
| info | ormation. If m | | eded, atta | If two married people a ch another sheet to this n. | | | | | | |
| Par | | ibe Your House | hold | | | | | | | |
| 1. | Is this a joir | | | | | | | | | |
| | ■ No. Go to □ Yes. Doe | o line 2. es Debtor 2 live i | n a separa | ate household? | | | | | | |
| | □N | 0 | | | | | | | | |
| | □ Y | es. Debtor 2 mus | t file Offici | al Form 106J-2, Expense | s for Separate House | ehold of De | ebtor 2 | 2. | | |
| 2. | Do you have | e dependents? | □ No | | | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ■ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | | Dependent's age | Does dependent live with you? | |
| | Do not state | the | | | | | | | □ No | |
| | dependents | names. | | | son | | | 3 | Yes | |
| | | | | | daughter | | | 5 | □ No | |
| | | | | | daugniei | | | | ■ Yes □ No | |
| | | | | | daughter | | | 9 mths | ■ Yes | |
| | | | | | | | | | □ No | |
| 2 | Da | | _ | | | | | | ☐ Yes | |
| 3. | expenses of | oenses include f people other tl | nan _ | No | | | | | | |
| | yourself and | d your depende | nts? ⊔ | Yes | | | | | | |
| Par | | ate Your Ongoi | | | | | | | | |
| exp | | | | uptcy filing date unless y is filed. If this is a sup | | | | | | |
| Incl | lude expense | s naid for with r | non-cash | government assistance | if you know | | | | | |
| the | value of sucl | h assistance and | d have inc | luded it on Schedule I: | Your Income | | | Your expe | enses | |
| | | | | | | | | | | |
| 4. | | or home owners and any rent for the | | ses for your residence. r lot. | Include first mortgage | e 4. | \$_ | | 745.00 | |
| | If not include | led in line 4: | | | | | | | | |
| | | estate taxes | | | | 4a. | | | 0.00 | |
| | • | rty, homeowner's | - | | | 4b. 4c. | | | 0.00 | |
| | | maintenance, re owner's associat | • | ıpkeep expenses dominium dues | | 4c. 4d. | _ | | 0.00 | |
| 5. | | | | our residence, such as he | ome equity loans | | \$ - | | 0.00 | |

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| Debtor 1 | 1 | leischa D |) Thor | nas | | | | Cas | e num | ber | (if known) | | |
|----------------------|-------|---------------------|----------|-----------------|----------------|---|---------------------|-----------------|--------------|------------|------------|-------------------|----------|
| | :1:47 | | | | | | | | | | | | |
| 6. Uti 6a. | | ies: Electricity | heat | natural gas | i. | | | | 6a. | \$ | | 250. | 00 |
| 6b. | | - | | arbage colle | | | | | 6b. | | - | | 00 |
| 6c. | | | _ | _ | | e, and cable se | arvicas | | 6c. | | | 0. 120. | |
| 6d. | | Other. Spe | | mone, me | mot, satomi | c, and cable so | CIVICCS | | 6d. | * | | | 00 |
| | | | • | ing supplie | 26 | | | | 7. | | - | 650. | |
| | | | - | n's educat | | | | | 8. | \$ | | | 00 |
| | | | | d dry clean | | | | | 9. | \$ | | 0. 200. | |
| | | - | | ts and ser | - | | | | 10. | \$ | | 150. | |
| | | cal and de | | | VICCS | | | | 11. | \$ | | 100. | |
| | | | | • | ntananca h | us or train fare | <u> </u> | | | Ψ | | 100. | 00_ |
| | | ot include c | | | illeriance, D | us of trailitiate | ·· | | 12. | \$ | | 220. | 00 |
| | | | | | n, newspap | ers, magazine | es, and books | | 13. | \$ | | 0. | 00 |
| | | | | | ligious don | _ | , | | 14. | | - | | 00 |
| 5. Ins | | | | | | | | | | * | | <u> </u> | |
| | | | suran | ce deducte | d from your | pay or include | d in lines 4 or 20. | | | | | | |
| | | Life insura | | | , , , | , | | | 15a. | \$ | | 0. | 00 |
| 15 | b. | Health ins | urance | ÷ | | | | | 15b. | \$ | | | 00 |
| 150 | c. | Vehicle in: | suranc | е | | | | | 15c. | \$ | | 120. | |
| | | Other insu | | | | | | | 15d. | | | | 00 |
| | | | | | cted from vo | our pay or inclu | uded in lines 4 or | 20. | | • | | <u> </u> | |
| Sp | | | | | . , | , , . | | | 16. | \$ | | 0. | 00 |
| 7. Ins | stal | Ilment or le | ease p | ayments: | | | | | | | | | |
| | | Car payme | | | | | | | 17a. | \$ | | 311. | 00 |
| 17 | b. | Car payme | ents fo | r Vehicle 2 | | | | | 17b. | \$ | | 0. | 00 |
| 170 | c. | Other. Spe | ecify: | Anticipat | ed City of | Chicago Pay | ment Plan | | 17c. | \$ | | 162. | 00 |
| | | | | | | Tollway Payr | | | 17d. | \$ | | 30. | |
| | | | | | ns Paymer | | | | | \$ | | 100. | |
| 8. Yo | ur | | | | | | nat you did not r | eport as | | · | | | |
| | | | | | | | me (Official For | | 18. | \$ | | 0. | 00 |
| | | | | | | | t live with you. | , | | \$ | | 0. | 00 |
| Sp | eci | ify: | | | | | | | 19. | | | | |
| | | | | | | in lines 4 or 5 | 5 of this form or | on Schedule | e I: Yo | our | Income. | | |
| 20 | a. | Mortgages | s on otl | her propert | у | | | | 20a. | \$ | | 0. | 00_ |
| 201 | b. | Real estat | e taxes | S | | | | | 20b. | \$ | | 0. | 00 |
| 200 | C. | Property, I | homeo | wner's, or r | enter's insu | ırance | | | 20c. | \$ | | 0. | 00 |
| 200 | d. | Maintenar | nce, rep | pair, and up | okeep exper | nses | | | 20d. | \$ | | 0. | 00 |
| 20 | e. | Homeown | er's as | sociation o | r condomini | ium dues | | | 20e. | \$ | | 0. | 00 |
| 1. O tl | her | r: Specify: | Tuit | tion for da | uahter | | | | 21. | +\$ | S | 135. | 00 |
| Ba | abv | wipes di | | , formula f | | | | | | +\$ | S | 130. | |
| | | • | | | | | | | | r | · | | |
| | | | | ly expense | es | | | | | | | | |
| | | Add lines 4 | _ | • | | | | | | | \$ | 3,423.00 | <u> </u> |
| 221 | b. (| Copy line 2 | 2 (mor | thly expens | ses for Debi | tor 2), if any, fr | om Official Form | 106J-2 | | : | \$ | | |
| 220 | c. A | Add line 22 | a and 2 | 22b. The re | esult is your | monthly exper | nses. | | | : | \$ | 3,423.00 | |
| 3 (^ 3 | ılcı | ilate vour | month | ly net inco | me | | | | | Щ | | | |
| | | - | | - | | ncome) from S | chadula I | | 23a. | Ф | | 2 111 | 03 |
| | | | | | es from line | | oncaule I. | | 23a. 23b. | | | 3,114. | |
| 231 | υ. | Copy your | mont | ny expense | 90111 111011 6 | ZZU abuve. | | | ∠3D. | <u>-</u> • | | 3,423. | <u> </u> |
| 230 | C. | Subtract v | our mo | onthly expe | nses from v | our monthly in | come. | | | | | | |
| 230 | U. | | | r monthly n | | our monuny III | COME. | | 23c. | \$ | | -308. | 07 |
| | | The result | you | o.iuiiy I | ot moonid. | | | | | | | | |
| 4. Do | yc | ou expect a | an inci | rease or de | ecrease in v | your expense | s within the year | r after you fil | le this | fo | rm? | | |
| For | r ex | ample, do yo | ou expe | ct to finish pa | aying for your | | he year or do you e | | | | | or decrease becau | se of a |
| | | | terms o | of your mortg | age? | | | | | | | | |
| | No | o. | | | | | | | | | | | |
| | Ye | es. | Expla | ain here: | | | | | | | | | |

| | , , , , |
|--------|---------------|
| ■ No. | |
| ☐ Yes. | Explain here: |
| | |

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| Fill in this infor | mation to identify your | case: | | | |
|---------------------|---|---------------------------|----------------------------|-----------------------------|--|
| Debtor 1 | leischa D Thomas | | LastName | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | Check if this is an amended filing |
| Official Forr | | | | | |
| Declarat | tion About a | n Individual | Debtor's Sc | hedules | 12/15 |
| Sig | n Below | | | | |
| Did you pa | ay or agree to pay some | one who is NOT an attorn | ney to help you fill out b | pankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. I | Name of person | | | | tition Preparer's Notice, ature (Official Form 119) |
| | alty of perjury, I declare e true and correct. | that I have read the sumr | nary and schedules file | d with this declaration and | |
| X /s/ leis | cha D Thomas | | X | | |
| | a D Thomas ire of Debtor 1 | | Signature of | Debtor 2 | |
| Date | August 15, 2017 | | Date | | |

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| Fil | l in this inforn | nation to identify you | r case: | | | |
|-----|---|--|--|------------------------------------|-------------------------------------|------------------------------------|
| De | btor 1 | leischa D Thoma | - | LastNama | | |
| De | btor 2 | First Name | Middle Name | Last Name | | |
| 1 - | ouse if, filing) | First Name | Middle Name | Last Name | | |
| Un | ited States Bar | nkruptcy Court for the: | NORTHERN DISTRICT C | OF ILLINOIS | | |
| Ca | se number | | | | | |
| | nown) | | | | _ | Check if this is an |
| | | | | | | amended filing |
| _ | (C | 4.07 | | | | |
| | fficial Fo | _ | A (() () () () () | | | |
| | | | Affairs for Individ | | | 4/1 |
| | | | ble. If two married people a attach a separate sheet to | | | |
| | | n). Answer every que | • | | , p. g, , . | |
| Pa | rt 1: Give D | etails About Your Ma | rital Status and Where You | Lived Before | | |
| 1. | What is you | current marital statu | ıs? | | | |
| | _ | | | | | |
| | ✓ Married✓ Not mar | ried | | | | |
| _ | | | | | | |
| 2. | During the la | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | □ No | | | | | |
| | Yes. Lis | t all of the places you l | ived in the last 3 years. Do no | ot include where you live now | <i>1</i> . | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | 7434 S Laf Chicago, IL | ayette Ave, 2nd FI - 60621 | From-To: 2014-2016 | ☐ Same as Debtor | I | ☐ Same as Debtor 1 From-To: |
| | es and territori No Yes. Ma | es include Arizona, Ca | ver live with a spouse or leg lifornia, Idaho, Louisiana, Nev nedule H: Your Codebtors (Of r Income | vada, New Mexico, Puerto R | | |
| · u | Explui | 11 1110 0001003 01 100 | - moonic | | | |
| 4. | Fill in the tota | l amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part | time activities. | ndar years? |
| | □ No | | | | | |
| | _ | in the details. | | | | |
| | | | D.L. | | D.L. | |
| | | | Debtor 1 Sources of income | Gross income | Debtor 2 Sources of income | Gross income |
| | | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$16,935.50 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

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Case number (if known)

Document Debtor 1 leischa D Thomas

| | | | | Debtor 1 | | | Debtor 2 | | |
|------------|---|--|--|---|--|--|---|--------------------------|---|
| | | | | Sources of income Check all that apply | v. (befo | ss income ore deductions and usions) | Sources of inco | | Gross income (before deductions and exclusions) |
| | or last cale anuary 1 to | ndar year: December : | 31, 2016) | ■ Wages, commis bonuses, tips | sions, | \$22,334.00 | ☐ Wages, comr bonuses, tips | missions, | |
| | | | | ☐ Operating a bus | iness | | ☐ Operating a b | ousiness | |
| | | ndar year bef December 3 | | ■ Wages, commis bonuses, tips | sions, | \$10,723.00 | ☐ Wages, comr bonuses, tips | missions, | |
| | | | | ☐ Operating a bus | iness | | ☐ Operating a b | ousiness | |
| 5. | Include in and other winnings. List each | come regard public benef If you are fili | less of wheth it payments; ng a joint cas ne gross inco | | able. Examples on the contract of the contract | of other income are a dends; money collectived together, list it contact to the contact in the contact are also become and the contact are also become are a second contact are also become ar | limony; child suppo ted from lawsuits; r only once under De | oyalties; and btor 1. | ecurity, unemployment, d gambling and lottery |
| | | | | Debtor 1 | | | Debtor 2 | | |
| | | | | Sources of income Describe below. | each (befo | ss income from a source ore deductions and usions) | Sources of inco | ome | Gross income (before deductions and exclusions) |
| | | y 1 of currer filed for ban | | Link Benefit | | \$2,800.00 | | | |
| | r last caler anuary 1 to | ndar year: December : | 31, 2016) | Link Benefit | | \$3,288.00 | | | |
| | | ndar year bef December : | | Link Benefit | | \$3,288.00 | | | |
| Р а | - | Pr Debtor 1's Neither De individual puring the | or Debtor 2'sbtor 1 nor Derimarily for a | personal, family, or he | onsumer debts? ly consumer de nousehold purpo | ? bbts. Consumer debtase." | | | I(8) as "incurred by an |
| | | ☐ Yes | paid that cre not include | ach creditor to whom editor. Do not include payments to an attor on 4/01/19 and ever | payments for do ney for this bank | omestic support oblig ruptcy case. | ations, such as chi | ld support a | nd alimony. Also, do |
| | ■ Yes. | | | r both have primaril re you filed for bankr | - | | I of \$600 or more? | | |
| | | ■ No. | Go to line 7 | | | | | | |
| | | □ Yes | List below e include pay | ach creditor to whom | upport obligation | | | | creditor. Do not nclude payments to an |
| | Creditor | 's Name and | l Address | Dates o | f payment | Total amount paid | Amount you still owe | Was this p | ayment for |

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| 7. | Within 1 year before you filed for bankrupto Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 11 alimony. | rtners; relatives of any gen- control, or owner of 20% o | eral partners; partners r more of their voting | erships of which yog g securities; and a | u are a genera ny managing a | al partner; corporations gent, including one for |
|-----|---|---|--|---|---------------------------------|---|
| | ■ No | | | | | |
| | ☐ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 3. | Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cosi | | ments or transfer a | any property on a | ccount of a de | ebt that benefited an |
| | No | gried by an insider. | | | | |
| | Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment itor's name |
| Pai | rt 4: Identify Legal Actions, Repossession | s, and Foreclosures | | | | |
|). | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. | | | | | |
| | ■ No | | | | | |
| | Yes. Fill in the details. | N . Cal | • | | 0 | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | e case |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below | | erty repossessed, f | oreclosed, garnis | shed, attached | I, seized, or levied? |
| | No. Go to line 11. | | | | | |
| | ☐ Yes. Fill in the information below. | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property |
| | | Explain what happened | I | | | |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment beca | | luding a bank or fir | nancial institutior | ı, set off any a | mounts from your |
| | ☐ Yes. Fill in the details. | | | | | |
| | Creditor Name and Address | Describe the action the | creditor took | Date taker | action was | Amount |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or ar | | erty in the possess | ion of an assigne | e for the bene | fit of creditors, a |
| | No | | | | | |
| | ☐ Yes | | | | | |
| Paı | List Certain Gifts and Contributions | | | | | |
| 13. | Within 2 years before you filed for bankrupt | cy, did you give any gifts | s with a total value | of more than \$60 | 0 per person? | ? |
| | No☐ Yes. Fill in the details for each gift. | | | | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | | Date: the g | s you gave ifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | | |

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Debtor 1 leischa D Thomas

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| 14. | Within 2 years before you filed for bankr | uptcy, | did you give any gifts or contributions with a tot | al value of more than | \$600 to any charity? | | | | | |
|-----|---|----------|---|-----------------------------------|---------------------------|--|--|--|--|--|
| | ■ No | | | | | | | | | |
| | ☐ Yes. Fill in the details for each gift or c | ontribut | ion. | | | | | | | |
| | Gifts or contributions to charities that 1 more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code | | Describe what you contributed | Dates you contributed | Value | | | | | |
| Pai | rt 6: List Certain Losses | | | | | | | | | |
| 15. | 5. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of thefor gambling? | | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | |
| | Describe the property you lost and how the loss occurred | Include | ibe any insurance coverage for the loss the amount that insurance has paid. List pending the claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost | | | | | |
| Pai | rt 7: List Certain Payments or Transfers | | | | | | | | | |
| 16. | consulted about seeking bankruptcy or | prepari | id you or anyone else acting on your behalf paying a bankruptcy petition? s, or credit counseling agencies for services require | | rty to anyone you | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y | ′ou | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | | | |
| | STAHULAK & ASSOCIATES, L.L.C 53 W. Jackson Blvd., Suite 652 Chicago, IL 60604 | | \$300.00 Attorney Fee | 7/28/17 | \$300.00 | | | | | |
| | Green Path Debt Solutions 38505 Country Club Drive Farmington, MI 48331 | | \$35 credit counseling | 11/21/16 | \$35.00 | | | | | |
| | STAHULAK & ASSOCIATES, L.L.C 53 W. Jackson Blvd., Suite 652 Chicago, IL 60604 | | \$350.00 (\$310.00 filing fee + \$33 credit report + \$7 copy) | 11/21/16 | \$350.00 | | | | | |
| | Green Path Debt Solutions 38505 Country Club Drive Farmington, MI 48331 | | \$35 credit counseling | 8/14/17 | \$35.00 | | | | | |
| | STAHULAK & ASSOCIATES, L.L.C 53 W. Jackson Blvd., Suite 652 | | Attorney fee paid in prior case # 16-38374 through Trustee distribution | 3/31/17 | \$192.23 | | | | | |

Chicago, IL 60604

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Debtor 1 Ieischa D Thomas

| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. | | | | | | | | | |
|-----|---|--|---------------------------------|--|---|--|--|--|--|--|
| | Yes. Fill in the details. | | | | | | | | | |
| | Person Who Was Paid Address | Description and vertransferred | alue of any property | Date payment or transfer was made | Amount of payment | | | | | |
| 18. | Within 2 years before you filed for bankrup transferred in the ordinary course of your be include both outright transfers and transfers minclude gifts and transfers that you have alread No Yes. Fill in the details. | ousiness or financial affa ade as security (such as t | airs? the granting of a secu | | | | | | | |
| | Person Who Received Transfer Address | Description and very property transfer | red | Describe any property or payments received or debts paid in exchange | Date transfer was made | | | | | |
| | Person's relationship to you | | | | | | | | | |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pr ■ No □ Yes. Fill in the details. | | y property to a self- | settled trust or similar device | of which you are a | | | | | |
| | Name of trust Description and value of the property transferred Date Transfer was | | | | | | | | | |
| | | 2000 | от р. орогту | | made | | | | | |
| Par | 8: List of Certain Financial Accounts, In | struments, Safe Deposi | t Boxes, and Storag | e Units | | | | | | |
| 20. | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso | or other financial accou | nts; certificates of d | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account o instrument | r Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | | | | | |
| 21. | Do you now have, or did you have within 1 cash, or other valuables? | year before you filed for | bankruptcy, any sa | fe deposit box or other depos | sitory for securities, | | | | | |
| | Yes. Fill in the details. | | | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | cribe the contents | Do you still have it? | | | | | |
| 22. | Have you stored property in a storage unit | or place other than your | home within 1 year | before you filed for bankrupt | cy? | | | | | |
| | ■ No | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, S State and ZIP Code) | | cribe the contents | Do you still have it? | | | | | |
| | | | | | | | | | | |

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Debtor 1 leischa D Thomas

| Par | 9: Identify Property You Hold or Control for | Someone Else | | | | | |
|-----|--|--|--------------------------------------|-----------------------|--|--|--|
| 23. | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | | | |
| Par | 10: Give Details About Environmental Inform | ation | | | | | |
| For | he purpose of Part 10, the following definitions | apply: | | | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | air, land, soil, surface water, ground | - • | | | | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal | - | law, whether you now own, operate, | or utilize it or used | | | |
| | Hazardous material means anything an enviror hazardous material, pollutant, contaminant, or | nmental law defines as a hazardous | s waste, hazardous substance, toxic | substance, | | | |
| Rep | ort all notices, releases, and proceedings that y | ou know about, regardless of wher | n they occurred. | | | | |
| 24. | Has any governmental unit notified you that yo | u may be liable or potentially liable | under or in violation of an environm | ental law? | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 25. | Have you notified any governmental unit of any release of hazardous material? | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | |
| Par | 11: Give Details About Your Business or Cor | nnections to Any Business | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? | | | | | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | |
| | ☐ A partner in a partnership | | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | |

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| | No. None of the above applies. Go to | Part 12. | | | | |
|-------------|---|--|--|--|--|--|
| | Yes. Check all that apply above and fill in the details below for each business. | | | | | |
| | Business Name Address (Number, Street, City, State and ZIP Code) | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. | | | |
| | (Number, Street, City, State and Zir Code) | Name of accountant or bookkeeper | Dates business existed | | | |
| 28. | Within 2 years before you filed for bankrup institutions, creditors, or other parties. | tcy, did you give a financial statement to a | nyone about your business? Include all financial | | | |
| | ■ No □ Yes. Fill in the details below. | | | | | |
| | Name | Date Issued | | | | |
| | Address (Number, Street, City, State and ZIP Code) | | | | | |
| Pai | rt 12: Sign Below | | | | | |
| are with | | false statement, concealing property, or o | declare under penalty of perjury that the answers obtaining money or property by fraud in connection ars, or both. | | | |
| | leischa D Thomas | | | | | |
| | scha D Thomas Inature of Debtor 1 | Signature of Debtor 2 | | | | |
| _ | | | | | | |
| Dat | te August 15, 2017 | Date | | | | |
| | you attach additional pages to Your Stateme | | ng for Bankruptcy (Official Form 107)? | | | |
| Did ■ N | you attach additional pages to <i>Your Statem</i> lo 'es you pay or agree to pay someone who is no | ent of Financial Affairs for Individuals Filin | , | | | |

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| Fill in this information | on to identify your c | ase. | | | | | |
|---------------------------------|--|----------------------|---------------------|---|-------------------------|-------------|--|
| | | aso. | | | | | |
| | leischa D Thomas First Name | Middle Name | | Last Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | | Last Name | | | |
| United States Bankru | uptcy Court for the: | NORTHERN DIST | RICT OF ILL | INOIS | | | |
| | . , | | | | | | |
| Case number (if known) | | | | | | | Check if this is an |
| | | | | | | | amended filing |
| | | | | | | | |
| Official Form | า 108 | | | | | | |
| Statement | of Intention | <u>n for Indiv</u> | <u>iduals</u> | Filing Und | der Chapte | <u>er 7</u> | 12/15 |
| If you are an individu | ual filing under char | stor 7 vou must fill | out this for | m if: | | | |
| creditors have cla | | - | out tills for | | | | |
| you have leased p | | | | | | | |
| | is earlier, unless the | | | | | | meeting of creditors, s and lessors you list |
| | e are filing together ate the form. | in a joint case, bot | th are equall | y responsible for s | supplying correct i | nformatio | n. Both debtors must |
| | accurate as possibl name and case num | | needed, att | ach a separate she | eet to this form. On | the top of | f any additional pages, |
| Part 1: List Your | Creditors Who Have | Secured Claims | | | | | |
| | | | Craditors V | Who Have Claims S | Secured by Propert | v (Official | Form 106D), fill in the |
| information below | ı. | | | | · · | • ` | <i>,</i> , |
| identify the credito | or and the property th | iat is collateral | what do y secures a | ou intend to do wit debt? | th the property tha | | I you claim the property exempt on Schedule C? |
| | | | | | | | |
| Creditor's Credi | it Acceptance | | ■ Surrence | der the property. | | | No |
| name: | | | ☐ Retain | the property and rec | | _ | Yes |
| Description of 20 | 008 Buick Lucerne | 100,000 miles | | the property and entermation Agreement. | ter into a | - | Yes |
| | ebtor to Surrender. | • | | the property and [exp | plain]: | | |
| securing debt: | | | | | | | |
| | Unexpired Personal | | | | | | |
| | elow. Do not list real | l estate leases. Une | expired leas | es are leases that a | are still in effect; th | he lease p | s (Official Form 106G), fill eriod has not yet ended. |
| Describe your unex | pired personal prop | erty leases | | | | Will the | lease be assumed? |
| Lessor's name: | Lisa Thomas | | | | | | |
| Lessoi s name. | Lisa Illollias | | | | | ☐ No | |
| | | | | | | Yes | |
| Description of leased | monthly apt leas | se | | | | | |
| Property: | - monthly apties | ~ | | | | | |
| | | | | | | | |
| Part 3: Sign Below | w | | | | | | |

Official Form 108

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| Deb | tor 1 <u>leischa D TI</u> | nomas | Case number (if known) | |
|-----|---------------------------|---|---|--|
| | | r, I declare that I have indicated to an unexpired lease. | my intention about any property of my estate that secures a debt and any personal | |
| X | /s/ leischa D Thor | nas | x | |
| | leischa D Thomas | 3 | Signature of Debtor 2 | |
| | Signature of Debtor | 1 | | |
| | Date August 1 | 5, 2017 | Date | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-24369 Doc 1 Filed 08/15/17 Entered 08/15/17 12:26:07 Desc Main Document Page 44 of 47

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In r | e _leischa D Thomas | | Case No. | | | |
|--|--|--|------------------|-------------------------------------|--|--|
| | | Debtor(s) | Chapter | 7 | | |
| | DISCLOSURE OF COMPENSATION | ON OF ATTORNE | Y FOR DE | EBTOR(S) | | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certificompensation paid to me within one year before the filing of the period be rendered on behalf of the debtor(s) in contemplation of or in contemplation. | tition in bankruptcy, or ag | reed to be paid | to me, for services rendered or to | | |
| | For legal services, I have agreed to accept | | \$ | 2,995.00 | | |
| | Prior to the filing of this statement I have received | | \$ | 300.00 | | |
| | Balance Due | | \$ | 2,695.00 | | |
| 2. | \$0.00 of the filing fee has been paid. | | | | | |
| 3. | The source of the compensation paid to me was: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 4. | The source of compensation to be paid to me is: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 5. | ■ I have not agreed to share the above-disclosed compensation w | ith any other person unless | s they are mem | bers and associates of my law firm. | | |
| | ☐ I have agreed to share the above-disclosed compensation with a copy of the agreement, together with a list of the names of the | | | | | |
| 6. | In return for the above-disclosed fee, I have agreed to render legal | service for all aspects of th | ne bankruptcy c | ase, including: | | |
| | a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] | | | | | |
| 7. | 7. By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding. | | | | | |
| | CERTI | FICATION | | | | |
| this | I certify that the foregoing is a complete statement of any agreement bankruptcy proceeding. | nt or arrangement for paym | ent to me for re | epresentation of the debtor(s) in | | |
| August 15, 2017 /s/ Thomas G. Stahulak | | | | | | |
| | Date | Thomas G. Stahulak 62 <i>Signature of Attorney</i> | 88620 | | | |
| | | Stahulak & Associates, | L.L.C. / GetFi | led | | |
| | | 53 W. Jackson Blvd., S Chicago, IL 60604 | uite 652 | | | |
| | | (312) 662-1480 Fax: (3 | 312) 268-7328 | 3 | | |
| | | ecf@stahulakandassoc Name of law firm | iates.com | | | |
| | | Trance of tan firm | | | | |

United States Bankruptcy Court Northern District of Illinois

| In re | leischa D Thomas | Debtor(s) | Case No. Chapter 7 | |
|-------|---|---|--------------------------------|---------------|
| | VER | IFICATION OF CREDITOR M | ATRIX | |
| | | Number of | Creditors: | 21 |
| | The above-named Debtor(s) he (our) knowledge. | ereby verifies that the list of credit | ors is true and correct to the | he best of my |
| Date: | August 15, 2017 | /s/ leischa D Thomas leischa D Thomas Signature of Debtor | | |

American InfoSource LP PO Box 5008 Carol Stream, IL 60197

Arnold Scott Harris P.C. 111 W Jackson Ste 600 Chicago, IL 60604

Cda/Pontiac Attn:Bankruptcy Po Box 213 Streator, IL 61364

Chase Card Attn: Correspondence Po Box 15298 Wilmington, DE 19850

Chicago Property Group 517 N Racine Ave #1 Chicago, IL 60642

City of Chicago Department of Revenue PO BOX 88292 Chicago, IL 60680

Commonwealth Edison 1919 SWIFT DR CLAIMS & COLLECTIONS Oak Brook, IL 60523

Commonwealth Financial Systems 245 Main St Dickson City, PA 18519

Credit Acceptance 25505 West 12 Mile Rd Suite 3000 Southfield, MI 48034

Creditors Bankruptcy Service PO Box 800849 Dallas, TX 75380

Directv PO BOX 9001069 Louisville, KY 40290

DIRECTV 2230 E IMPERIAL HWY El Segundo, CA 90245

Fed Loan Servicing Po Box 69184 Harrisburg, PA 17106

Foundation for Emergency SVCS PO BOX 809616 Chicago, IL 60680

Illinois tollway Attn: Legal Dept 2700 Ogden Ave Downers Grove, IL 60515

Internal Revenue Service PO BOX 7317 Philadelphia, PA 19101

People's Gas Light & Coke 200 E Randolph St Ste 20 Chicago, IL 60601

PLS Financial Services (Corporate) One South Wacker Drive, 36th Floor Chicago, IL 60606

Secretary of State Compliance Dept 2701 S Dirksen Pkwy Springfield, IL 62723

Veterans Canteen Service 251 Jefferson Barracks Dr Saint Louis, MO 63125

Windy City Emerg Physicians P.O. Box 7209 Philadelphia, PA 19101